

Information Guide: 0208 Waiver Self-Direction Option eff. 7/1/08

Effective 7/1/08, persons living in a natural home or private residence may choose to self direct some or all of their 0208 Waiver services via an agency with choice model. The choice to self-direct is contingent upon the person living in a qualifying residential setting. The qualifying residential settings are outlined on pages 3 and 4 of this document. There are no age restrictions for persons who may choose to self-direct their services. Recipients who self-direct may exercise increased control of their resource allocation and increased control over the schedule of service delivery and the choice of staff providing direct support. Service delivery as outlined in the planning document between the provider agency and the individual may incorporate increased flexibility. Staff providing direct services must be approved by the recipient and/or designated representative, legal guardian or family member. Recipients in self-directed services may choose to participate with the agency with a DDP contract in the recruiting and hiring of staff providing the direct services. The agency serves as the legal employer for all staff providing direct client services. Persons who elect to self-direct may access any waiver service for which they are eligible, in accordance assessed needs, and as documented in the approved plan of care.

Case managers will play a critical role in sharing information about the self-directed service options with potentially qualifying waiver recipients and others. Case managers for adults and children will review the Waiver 5 Freedom of Choice form and the supplemental addendum explaining these choices with enrolled service recipients potentially eligible to self direct their services. This activity will occur annually. Service recipients and persons acting on their behalf may access detailed information on the DDP website. Appendix E of the current 0208 Waiver and this information guide are available on the DDP website by following these links:

www.mt.gov

- State Agencies
- Public health and Human Services
- Disability Services Division
- Developmental Disabilities Program
- Information Guide: 0208 Waiver Self-Direction Option, or,
- MT 0208 Waiver

Individuals who elect to self-direct their services will be assisted in doing so by their case manager, either at the annual planning meeting, or at a planning meeting scheduled specifically for this purpose. Persons choosing to self direct will be assisted by their service provider and case manager in establishing the level of client involvement in the recruiting and hiring staff and other service delivery options available to persons who self-direct. Persons choosing to self-direct may opt out at any time and receive services under the traditional model of service delivery.

Case Management Options for Individuals Who Self-Direct

Case management is an available service for all waiver recipients, including recipients who self-direct. Persons enrolled in the 0208 Waiver between the ages of 0 and 15 in need of case management will receive the service from a Waiver-funded Family Support Specialist; there is no State Plan case management option available for children with DD in this age group. Persons aged 16 and older are eligible for State Plan DD adult targeted case management (adult TCM), and recipients may choose this form of case management in lieu of case management delivered by a Family Support Specialist. In the event a 16 year old waiver recipient chooses an adult targeted case manager in lieu of waiver-funded children's case management (WCCM), the funding allocated for their WCCM service as outlined on the Individual Cost Plan (ICP) would revert to the state. One effect of the decision to receive adult targeted case management instead of WCCM is a reduction in value of the cost plan at such time the client transitions into adult services. For this reason, the decision to change from WCCM case management to adult TCM before the person transitions to adult services should be made with caution.

Election of Participant Direction and Qualifying Waiver Services

Services that a client may choose to self-direct are indicated in Appendix C of the waiver and reproduced on pages 6 and 7 in this document. All self-directed waiver services are delivered through the agency with a DDP contract. All agencies with a DDP contract will be required to meet the requirements of an Organized Health Care Delivery System (OHCDS), and will be designated as such in their DDP contract. This enables the agency to provide third party waiver reimbursable services from other entities if requested by the service recipient. The rate paid to the recipient's provider agency for third party services cannot exceed DDP's standard rate for direct payment for these services. The OHCDS function optimizes the ability of the recipient to choose their direct services staff and supports.

The recipient is not required to use their primary provider agency for the purchase of third party services. If requested by the recipient, the DDP can (generally) reimburse the alternative service provider directly, in accordance with the recipient's plan of care, individual cost plan and Appendix B of the alternative service provider's DDP contract.

Case managers will annually review the Waiver 5 Freedom of Choice form and the supplemental addendum with every service recipient potentially eligible to choose the self direction option. Individuals who elect to self-direct their services will be assisted in doing so by their case manager, who will schedule a planning meeting for this purpose. Persons choosing to self direct will be assisted by their service provider and case manager in establishing the level of involvement in the recruiting and hiring of staff and documenting choice from the available case management options. These decisions will be documented in the plan of care. In addition, persons who choose to self-direct their services under an agency with choice model will be documented as "SDA" in the plan of care document, and loaded into AWACS by the case manager in a required field in the

Individual Cost Plan (ICP) document. This AWACS field will not be in place effective 7/1/08, so initially, case managers will be responsible only for designating a person choosing to self-direct somewhere in the narrative section of the planning document.

Recipients will be able to choose to self-direct their services if the person lives in a qualified residential living setting (see below) and if the following additional conditions are met:

*The applicant has identified a provider willing to assist the recipient in self-directing their services. The case manager will assist the recipient in explaining the services the recipient would like to self-direct with the provider of choice. This may include hiring a support worker chosen by the client, developing a new schedule for the delivery of services, and developing an agreement regarding the potential for changing the hours of service delivery based on the flexibility of the client's direct support staff. The case manager will review the proposed plan with the provider chosen by the client, to determine if the existing provider can accommodate these choices. If the provider is willing to provide services in accordance with the expressed desires of the recipient, the case manager will schedule a planning meeting to initiate the self-directed option.

*The applicant's planning team reviews and approves the proposed self direction plan. Components of the plan are outlined in the narrative of the planning document.

*The planning document would also require approval by the DDP Regional Manager, prior to initiation of the self-directed option.

Persons choosing to self-direct may opt out of this option at any time, and receive services under the traditional model of service delivery.

Participant: Budget Authority

The participant (or the participant's representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.

Availability of Participant Direction by Type of Living Arrangement

Participant direction opportunities are available to participants who live in their own private residence or the home of a family member. Private residence is defined as:

- 1) The home that a waiver participant owns or rents in his or her own right, or the home where a waiver recipient resides with other family members or friends. A private residence is not a living arrangement that is owned or leased by a service provider; or,
- 2) The home of a caregiver who furnishes respite or foster care to a waiver recipient.

*Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.

*The participant direction opportunities are available to persons in the following other living arrangements:

Persons in natural homes or private residences in which the delivery (or lack of delivery) of supervision and support to one recipient would have no bearing on the delivery (or the lack of delivery) to other waiver recipients receiving services from common direct support workers are considered eligible candidates for self-direction. This precludes the self-direction option for persons living in congregate settings such as group homes, where the staff person might be responsible for providing direct supervision to more than one recipient concurrently. In congregate service settings, the schedule of service delivery depends on the support needs of the group at any point in time.

The self-direction option would be appropriate for a person with service needs who lives with his natural family, or in a private residence (an apartment) or in a foster home whereby the recipient's choice of service, support worker and schedule of service delivery would have no adverse impact on other waiver recipients. For this reason, the self-directed service option will generally work best for one person with varying support needs, or for two (or perhaps three) persons with less intensive support needs sharing the same apartment, foster home, natural home or private residence. The living arrangements of persons must be reviewed on an individual basis by the assigned case manager before the self-direction option can be offered.

Overview of Case Management Roles in Assisting Persons Choosing to Self-Direct Some or All of Their 0208 Waiver Services.

The self directed service option is available to many persons currently enrolled in the 0208 Waiver. A recipient's DDP resource allocation does not change as a function of enrollment in this service option. The self-directed option is briefly outlined to the recipient as part of the planning process and is reviewed by the recipient, representative (if applicable) and case manager prior to the annual planning meeting. A reference to the self-directed service option is included on the 2008 Waiver 5 Freedom of Choice Form and the supplemental addendum form. This form is completed annually with the recipient and or his representative by the assigned DDP QIS or case manager. Recipients, representatives, and/or family members expressing interest in self-directing services may request a copy of the Information Guide: 0208 Waiver Self-Direction Option, based on 0208 Waiver Appendix E language, from their case manager. This document is also available on the DDP website.

The self directed enrollment requirements are included in the handout. The recipient's case manager may be asked by the recipient, representative and/or family to provide assistance in any of the following activities:

- scheduling a planning meeting to initiate a self-directed service option.

- helping the recipient select a willing service provider.
- providing any other requested assistance related to initiating the self-directed option.

The planning document for self-directed services implementation (e.g., PSP or IFSP) will include a narrative describing the projected use of the resource allocation, services to be provided, proposed schedule and timeframes, a description of how health and safety issues will be addressed, including back up, emergency and on-call systems, the role of the primary service provider and the role of the case manager, the role of the Family Support Specialist or CTS worker (if care giver training and support is requested) and the responsibilities of the recipient and/or his representative. The planning document must be signed off by the prospective provider agency, case manager, the recipient and/or representative and the legal guardian, if applicable.

The planning document would then require approval by the DDP Regional Manager or his designee. Current providers of services may require the recipient to give notice of intent to port, if the recipient chooses a new service provider as their primary service delivery agency.

Participant Direction by a Representative.

The State provides for the direction of waiver services by representatives.

- Waiver services may be directed by a legal representative of the participant.
- Waiver services may be directed by a non-legal representative freely chosen by an adult participant.

A recipient may freely choose a non-legal representative. The representative is approved by the planning team and will function as the representative as long as planning team members are in consensus that the representative continues to make decisions in the recipient's best interest. A representative is not paid for his or her services.

The personal representative has the same decision making authority as the recipient, as long as the personal representative continues to serve at the request of, and on behalf of, the recipient. The recipient, and/or his legal guardian have the right to limit or terminate the authority of a personal representative, or appoint a new personal representative, at any time, for any reason.

The planning team has the right and the obligation to determine if the personal representative continues to function in the best interests of a recipient. This issue should be reviewed annually as part of the planning process, and documented in the plan of care.

Participant-Directed Services. Specify the participant direction opportunity (or opportunities) available for each waiver service that is specified as participant-directed in Appendix C-1/C-3.

Participant-Directed Waiver Service	Employer Authority	Budget Authority
31059 Supported Employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31130 Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31336 Individual Goods and Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31339 WCCM- Waiver-funded Children's Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31109 Environmental Modifications/Adaptive Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31045 Homemaker	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31067 Personal Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31055 Respite	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31076 Psychological Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31119 Private Duty Nursing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31062 Occupational Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31332 Caregiver Training and Support	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31125 Respiratory Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31083 Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31088 Adult Companion Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Participant-Directed Waiver Service	Employer Authority	Budget Authority
31071 Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31103 Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31052 Residential Habilitation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31116 Meals	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Voluntary Termination of Participant Direction.

Dis-enrollment from self-directed services for the purpose of enrollment in traditional services is always an option for persons choosing to self direct their services. There is flexibility within this service for family members to choose the level of their involvement in the recruiting, selection and hiring of the direct support staff. Individuals and families are always free to choose a new service provider, as reviewed annually on the Waiver 5 Freedom of Choice form.

Individuals and/or their representatives choosing to dis-enroll from the self-directed service option would contact the assigned case manager to schedule a planning meeting. This meeting would determine precisely what the individual wants to do with their resource allocation in a traditional model of service delivery. The recipient would need to choose between two options:

1. Keep the existing agency provider and purchase traditional waiver services through this provider, or
2. Choose one or more new service providers to provide traditional waiver services.

It is possible that some self-directed recipients will choose to dis-enroll from a self-directed service option because self-directed services are limited to persons living in a natural family setting or in their own private residence. Persons in self-directed services who later choose to live in a congregate service setting (e.g., a DD group home) would be required to dis-enroll from self-directed services in order to access the desired residential service.

Under no circumstances will ongoing waiver-funded services be reduced or terminated if an individual is seeking a new provider, or seeking a traditional waiver service delivery model.

Involuntary Termination of Participant Direction.

It is possible that a service recipient in self-directed services and/or the representative or family may not cooperate with, abide by, or utilize the services as outlined in the plan of care. In this event, a special planning meeting would be held by the case manager to discuss the issues involved with, for example, non-utilization of services. In this event a plan would be developed and implemented, serving to give the recipient an opportunity to remain in self-directed services for a specified time period, contingent upon the recipient meeting agreed upon benchmarks written into the approved plan.

In the event that health/safety issues pose undue risk to the recipient or others, and immediate intervention is deemed necessary by the team, the individual would be immediately enrolled in traditional services. Additional supports deemed necessary by the planning team to ensure the health and well-being of the recipient would be provided. For example, the planning team may request crisis grant funds from the DDP to increase the amount of direct care staffing provided to the recipient. Continued refusal by the participant and/or his representative to address basic health and safety needs in traditional waiver services could result in the need for the team to initiate referrals to other agencies for the purpose of placement in a more appropriate setting. Waiver services would continue until a more appropriate living arrangement is made available.

A recipient whose basic health and safety needs cannot be adequately addressed in the opinion of the case manager and service provider may not remain in waiver services. In this event, placement in a residential treatment facility or ICF-MR may be required.

Participant Budgeting and Decision Making Authority.

The following authority is granted to persons who choose to self-direct, in accordance with provider agreement(s) as outlined in the plan of care document.

- * Reallocate funds among services included in the budget.
- * Determine the amount paid for services within the State's established limits.
- * Substitute service providers.
- * Schedule the provision of services.

Authorization of Payments for Waiver Services in a Self-Directed Model

The methodology used to authorize payments for services, and to review and approve reimbursements to direct workers based on the delivery of agreed upon services will vary depending on the category of service. The delivery of services is based on the Individual Cost Plan (ICP) and the planning document. All services outlined in the ICP document will correspond to a need outlined in the plan of care.

For families receiving waiver-funded children's case management and other waiver services as outlined in the individual cost plan, budget authority as outlined above is integral with the provision of the broad array of family based children's waiver services collectively referred to as Intensive Family Education and Support (IFES).

For adults choosing to self-direct in family and private settings, and currently receiving adult targeted case management under the Montana State Plan, self-direction can give the recipient, his representative, or family members acting on his behalf additional authority, as desired, to more fully manage the delivery of services. With additional authority comes additional responsibility.

Participant-Directed Budget

Individuals enrolled in Intensive Family Education and Supports (IFES) and receiving WCCM as their case management service generally receive a service analogous to self-direction with budget authority under the agency with choice model. CMS has stated that enrollment in a self-directed service option is optional, and that a return to traditional services remains available to persons who choose to self-direct. For this reason, families of children may choose to self-direct but the net effect of this choice may not change the delivery of services. Conversely, if a provider of IFES services is not providing the flexibility and choice generally available to those who choose to self-direct under agency with choice, the choice to self-direct may formalize the availability of these options for some recipients and families.

The children's resource allocation methodology is used to determine the ICP budget amount for children in IFES. Changing needs may require an increase or decrease in the resource allocation. The resource allocation methodology applying to adults receiving adult targeted case management generally applies to persons receiving IFES, although the resource allocation tools used for children and adults are somewhat different.

Informing the Participant and/or Representative of the Budget (ICP) Amount.

Currently, all waiver recipients and persons acting on their behalf are informed of the details of the recipient's Individual Cost Plan (ICP). The cost plan details are based on the outcome of the planning process, which, in turn, is based on assessments and the expressed desires of the recipient. The ICP functions as the contractual basis between the recipient, the provider, and the DDP in the delivery of services.

If the quantity and type of services outlined in the cost plan are not considered adequate in meeting the needs of the recipient, additional funds may be requested on behalf of the recipient, family or agency providing the services by the case manager or by service provider agency staff. Requests for additional funding go to the DDP Regional Manager. Funds are available for the purpose of adjusting cost plans with either DDP regional office discretionary grant funds or crisis pool funds. Grant funds are considered one time only, and do not result in an increase in the annual value of an ICP.

Participant Exercise of Budget Flexibility.

The participant has the capacity to move funds between services outlined in the cost plan, but changes in the service categories to be delivered (e.g., the family has decided that all service dollars will henceforth be allocated to respite) would require approval in the plan of care, and would be reflected in a revised ICP. Individuals who self-direct may opt to receive more services in one month or week and fewer services the next week, or more of one service and less of another (e.g., more homemaker and less respite). These changes can be made without prior approval in the plan of care. The service provider is responsible for monitoring the expenditure of the recipient's annual resource allocation, and for advising the recipient or representative if adjustments are needed in spending patterns to prevent a shortfall prior to the end of the fiscal year.

In some cases, large expenditures can be safely made in lieu of the temporary withholding of other services approved in the plan of care. For example, a family may choose to forego accessing respite for two months, if a primary need is a wheelchair ramp for a non-ambulatory waiver recipient. The prioritization of the use of funds within the confines of an annual budget represents increased freedom to make spending decisions. With this freedom comes the responsibility to exercise good judgment. It is often up to the case manager or service provider to provide consultation on such spending decisions. Generally, if the provider or case manager has concerns regarding health and safety issues stemming from the changing needs of a service recipient, or concerns stemming from changes in spending patterns within the recipient's budget, a planning meeting would be called and these concerns would be addressed.

In situations where the primary service provider agency is purchasing third party services on behalf of the recipient through another provider, contract changes with the third party provider are not required. In situations where a recipient has chosen to purchase these services directly from another DDP-funded agency changes in the delivery of these services would require both prior approval and an Appendix B contract amendment with the alternative service provider. Contract amendments require DDP Regional Manager approval.

Expenditure Safeguards.

Under the current model, the primary provider agency with a DDP contract will likely provide most if not all of the recipient's waiver services. For this reason, the provider will track the percentage of the expended budget as compared with the percentage of time

remaining in the calendar year. Underutilization of services by the recipient can contribute to the financial hardship of the primary service provider agency and/or direct support staff. Services that cannot be delivered cannot be invoiced and reimbursed. For this reason, recipients who fail to accept services as outlined in the plan would normally receive counsel from agency staff and/or the case manager. Continued failure to use services as outlined in the plan can result from several root causes, any of which could constitute a need for the planning team to meet and formally address specific issues.